



**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,  
REPAIR, MODIFY, OR ABANDON A WELL**

- ☐ Southwest  
☐ Northwest  
☐ St. Johns River  
☐ South Florida  
☐ Suwannee River

**THIS FORM *MUST* BE FILLED OUT COMPLETELY.**

*The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.*

CHECK BOX FOR APPROPRIATE DISTRICT. ADDRESS ON BACK OF PERMIT FORM.

Permit No. _____
Florida Unique I.D. _____
Permit Stipulations Required (See attached)
62-524 well <input type="checkbox"/>
CUP/ WUP Application No. _____
ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window.

1. Owner, Legal Name of Entity if Corporation _____		Address _____		City _____	Zip _____	Telephone Number _____
2. Well Location — Address, Road Name or Number, City _____						
3. Well Drilling Contractor _____		License No. _____		Telephone No. _____		
Address _____		4. <u>1/4</u> of <u>1/4</u> of Section _____ (smallest) (biggest)		(Indicate Well on Chart)		
City _____ State _____ Zip _____		5. Township _____		Range _____		
6. County _____		Subdivision Name _____		Lot _____	Block _____	Unit _____
7. Number of proposed wells _____ Check the use of well: (See back of permit for additional choices) _____ Domestic _____ Monitor (type) _____ _____ Irrigation (type) _____ Public Water Supply (type) _____ List Other _____ (See Back) (See Back) Distance from septic system _____ ft. Description of facility _____ Estimated start of construction date _____						
8. Application for: _____ New Construction _____ Repair/Modify _____ Abandonment _____ (Reason for Abandonment) _____						Date Stamp <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
9. Estimated: Well Depth _____ Casing Depth _____ Screen Interval from _____ to _____ Casing Material: Blk-Steel / Gal / PVC Casing Diameter _____ Seal Material _____						
10. If applicable: Proposed From _____ to _____ Seal Material _____ Grouting Interval From _____ to _____ Seal Material _____ From _____ to _____ Seal Material _____						
11. Telescope Casing _____ or Liner _____ (check one) Diameter _____ Blk-Steel / Galvanized / PVC Other (specify: _____)						
12. Method of Construction: _____ Rotary _____ Cable Tool _____ Combination _____ _____ Auger _____ Other (specify: _____)						
13. Indicate total No. of wells on site _____. List number of unused wells on site _____.						
14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? ____ No ____ Yes (If yes, complete the following) CUP/WUP No. _____ District well I.D. No. _____ Latitude _____ Longitude _____ Data obtained from GPS _____ or map _____ or survey _____ ( map datum NAD 27 _____ NAD 83 _____ )						
15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.						
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.						
Signature of Contractor _____		License No. _____		Owner's or Agent's Signature _____		Date _____

**DO NOT WRITE BELOW THIS LINE — FOR OFFICIAL USE ONLY**

Approval Granted By: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Hydrologist Approval \_\_\_\_\_  
Initials

Owner Number: \_\_\_\_\_ Fee Received: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Check No.: \_\_\_\_\_

Enter numerical month, day and full, four-digit year.

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. ***This permit is valid for 90 days from date of issue.***

**Southwest Florida Water Management District**

2379 Broad Street, Brooksville, FL 34604-6899 Ph: (352) 796-7211 or 800-423-1476

Environmental Management Department  
P.O. Box 1000  
Bradenton, FL 34206-1000Sarasota County Health Department  
P.O. Box 2658  
Sarasota, FL 34233-2658**Northwest Florida Water Management District**81 Water Management Drive, Havana, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee) Ph: (904) 539-5999 1-800-785-3001**St. Johns Water Management District**

P.O. Box 1429, Palatka, FL 32078-1429 PH: (407) 897-4349 1-800-226-4181

**South Florida Water Management District**P.O. Box 24680 3301 Gun Club Road  
West Palm Beach, FL 33416-4680 Ph: (407) 686-8800 1-800-432-2045**Suwannee River Water Management District**

9225 C.R. 49, Live Oak, FL 32060 Ph: (904) 362-1001 or 800-226-1066

**USE OF WELL – ADDITIONAL CHOICES:**

Recovery (R)	Landscape Irrigation (LI)	Recreation Area Irrigation (RAI) (ball fields, playgrounds)	Aquaculture (A) (fish ponds)
Public Water Supply (DEP) Community Non-Community (PWS-C) (PWS-N-C)	Agricultural Irrigation (AI) (crops, sod, orchards, nursery stock)	Golf Course Irrigation (GCI)	Class I Injection Well (C-1-I) Class V Injection (C-5-I)
Limited Use Public Supply (HRS)(LUPS) NOTE--HRS is now Dept. of Health (DOH).	Nursery Irrigation (NI) (retail outlets only)	Heat Pump (AC Supply) (HP-Sply)	Test (temporary) (T-WUP) WUP
Livestock (L)	Pesticide (PM&L) Mixing & Loading	Heat Pump (AC Return) (HP-Ret)	Industrial (I)

MONITOR Choices--Fuel (F); Class I Monitor (C-1-M); Class 5 Monitor (C-5-M).

OTHER Choices--Fuel Monitor (FM); Geo Thermal (GT); Recharge (R); Sealing Water (SW); Augmentation (A); Piezometer (P).

**WELL SETBACK DISTANCES:**

25 ft.	From a treated building slab.
75 ft.	Domestic – From on site septic system.
100 ft.	Public Supply and Limited Public Supply less than 2000 GPD Sewage Flow.
200 ft.	Public Supply and Limited Public Supply greater than 2000 GPD Sewage Flow.

These are common setback distances. **However they are not all-inclusive.** Refer to other applicable rules for additional setbacks.